

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 31 1957

26110
STATE FILE NUMBER
6839

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Advance	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE BARNES HOSPITAL				Length of stay in lb		d. STREET (If outside, give location) ADDRESS Pike Township	
3. NAME OF DECEASED (Type or print) First Andrew Middle John Last Fuel				4. DATE OF DEATH Month July Day 18 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 9, 1894	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		9. AGE (In years last birthday) 63	
11. BIRTHPLACE (City and state or country) Sidney, Illinois.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME John Fuel				14. MOTHER'S MAIDEN NAME Patsy Whittaker			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 459-09-2569		17. INFORMANT Address Pearl Fuel, Advance, Missouri.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) GENERALIZED ARTERIOSCLEROSIS							INTERVAL BETWEEN ONSET AND DEATH 1 1/2 YRS.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 420.0				
20c. TIME OF INJURY Hour 7:15 Month July Day 18 Year 1957 a. m. P.M.			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION Advance, Missouri.		20g. COUNTY Stoddard		
21. I attended the deceased from Feb. 19, 1956 to July 18, 1957 and last saw her alive on July 18, 1957 Death occurred at 7:15 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. R. Butcher M.D. (Type or print)				22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 7/19/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-20-57		23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park		23d. LOCATION (City, town, or county) Advance, Missouri.	
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.				25. DATE RECD. BY LOCAL REG. JUL 22 1957		26. REGISTRAR'S SIGNATURE Earl Smith M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed John J. Staines
Licensed Embalmer No. 4

P. O. Address St. Paul

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING to comply with the above (constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.